

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16173
Registrar's No. 4643

ED JUN 4 1943 8 18

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County...
(b) City or town... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... Home Philip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME TOMMIE HALLAN JR.

3. (b) If veteran, name war... 3. (c) Social Security No. ...

4. Sex MALE 5. Color or race Col 6. (a) Single, widowed, married, divorced... 0

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased Feb-13-1943 (Month) (Day) (Year)

8. AGE: Years Months Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation... INFANT

11. Industry or business... INFANT

12. Name EMMET HALLAN

13. Birthplace MACON (City, town, or county) MISS (State or foreign country)

14. Maiden name EMMA PEARL

15. Birthplace MACON (City, town, or county) MISS (State or foreign country)

16. (a) Informant EMMA PEARL HALLAN

(b) Address 1514 No-9th ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director A. L. BERT UNDERTAKER

(b) Address 2726 LUCAS AVE

19. (a) MAY 19 1943 (Date received local registrar) (b) J. F. Meddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County... ST LOUIS
(c) City or town... ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1514 No-9th ST. (If rural, give location)
(e) Citizen of foreign country?... (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1943 hour 5:31 minute A. M.

21. I hereby certify that I attended the deceased from... to... that I last saw him... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia

Due to Primary

Due to 11/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature Thomas F. Callahan (D. or other)

Address Deputy Coroner Date signed 7-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Garfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.